

# **WEST VIRGINIA LEGISLATURE**

## **2020 REGULAR SESSION**

### **Originating**

## **House Bill 4103**

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[Originating in the Committee on Prevention &  
Treatment of Substance Abuse; Reported on January  
9, 2020.]



1 A BILL to amend and reenact §16-5T-2 of the Code of West Virginia, 1931, as amended, relating  
2 to office of drug control policy.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 5T. OFFICE OF DRUG CONTROL POLICY.**

**§16-5T-2. Office of Drug Control Policy.**

1 (a) The Office of Drug Control Policy is ~~created~~ continued within the Department of Health  
2 and Human Resources under the direction and supervision of the Secretary and ~~supervision~~ with  
3 assistance of the State Health Officer.

4 (b) The Office of Drug Control Policy shall create a state drug control policy in coordination  
5 with the bureaus of the Department and other state agencies. This policy shall include all  
6 programs which are related to the prevention, treatment and reduction of substance abuse use  
7 disorder.

8 (c) The Office of Drug Control Policy shall:

9 (1) Develop a strategic plan to reduce the prevalence of drug and alcohol abuse and  
10 smoking by at least ten percent by July 1, 2018;

11 (2) Monitor, coordinate and oversee the collection of data and issues related to drug,  
12 alcohol and tobacco access, substance use disorder policies and smoking cessation and  
13 prevention and their impact on state and local programs;

14 (3) Make policy recommendations to executive branch agencies that work with alcohol  
15 and substance use disorder issues, and smoking cessation and prevention to ensure the greatest  
16 efficiency and consistency in practices will be applied to all efforts undertaken by the  
17 administration;

18 (4) Identify existing resources and prevention activities in each community that advocate  
19 or implement emerging best practice and evidence-based programs for the full substance use  
20 disorder continuum of drug and alcohol abuse education and prevention, including smoking  
21 cessation or prevention, early intervention, treatment and recovery;

(5) Encourage coordination among public and private, state and local, agencies, organizations and service providers and monitor related programs;

(6) Act as the referral source of information, using existing information clearinghouse resources within the Department of Health and Human Resources, relating to emerging best practice and evidence-based substance use disorder prevention, cessation, treatment and recovery programs, and youth tobacco access, smoking cessation and prevention. The Office of Drug Control Policy will identify gaps in information referral sources;

(7) Apply for grant opportunities for existing programs;

(8) Observe programs in other states;

(9) Make recommendations and provide training, technical assistance and consultation to local service providers;

(10) Review existing research on programs related to substance use disorder prevention and treatment and smoking cessation and prevention and provide for an examination of the prescribing and treatment history, including court-ordered treatment or treatment within the criminal justice system, of persons in the state who suffered fatal or nonfatal opiate overdoses;

(11) Establish a mechanism to coordinate the distribution of funds to support any local prevention, treatment and education program based on the strategic plan that could encourage smoking cessation and prevention through efficient, effective and research-based strategies;

(12) Establish a mechanism to coordinate the distribution of funds to support a local program based on the strategic plan that could encourage substance use prevention, early intervention, treatment and recovery through efficient, effective and research-based strategies;

(13) Oversee a school-based initiative that links schools with community-based agencies and health departments to implement school-based antidrug and anti-tobacco programs;

(14) Coordinate media campaigns designed to demonstrate the negative impact of substance use disorder, smoking and the increased risk of tobacco addiction and the development of other diseases;

(15) Review Drug Enforcement Agency and the West Virginia scheduling of controlled substances and recommend changes that should be made based on data analysis;

(16) Develop recommendations to improve communication between health care providers and their patients about the risks and benefits of opioid therapy for acute pain, improve the safety and effectiveness of pain treatment and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose;

(17) Develop and implement a program, in accordance with the provisions of section three of this article, to collect data on fatal and nonfatal drug overdoses, caused by abuse and misuse of prescription and illicit drugs from law enforcement agencies, emergency medical services, health care facilities and the Office of the Chief Medical Examiner;

(18) Develop and implement a program that requires the collection of data on the dispensing and use of an opioid antagonist from law enforcement agencies, emergency medical services, health care facilities, the Office of the Chief Medical Examiner and other entities as required by the office;

(19) Develop a program that provides assessment of persons who have been administered an opioid antagonist; and

(20) Report semi-annually to the Joint Committee on Health on the status of the Office of Drug Control Policy.

(d) Notwithstanding any other provision of this code to the contrary, and to facilitate the collection of data and issues, the Office of Drug Control Policy may exchange necessary data and information with the bureaus within the Department, the Department of Military Affairs and Public Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center, and the Board of Pharmacy. The data and information may include: data from the Controlled Substance Monitoring Program; the all-payer claims database; the criminal offender record information database; and the court activity record information;

73           (e) Prior to July 1, 2018, the office shall develop a plan to expand the number of treatment  
74   beds in locations throughout the state which the office determines to be the highest priority for  
75   serving the needs of the citizens of the state.

NOTE: The purpose of this bill is to clarify the organizational structure of the Office of Drug Control Policy within the Department of Health Human Resources.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.